



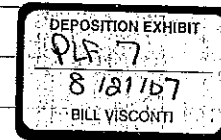
STATEMENT OF: MICHAEL RALPH PHILLIPS		PCT. 10PST	ACCIDENT NO. 458	COMPLAINT NO. 991
RESIDENCE ADDRESS: 2 Robin RD Rumson NJ 07760		RESIDENCE TEL. NO. 732-758-1141	BUSINESS TEL. NO. C-908-227-8932	
LOCATION OF INTERVIEW: SCENE OF ACCIDENT		TIME OF REPORT: 0030	DATE OF BIRTH: 2-20-55 (52)	
PRECINCT: STATION HOUSE		DATE OF ACC. 2-25-07		
OTHER (DESCRIBE):		TIME 2120		
IDENTITY OF ABOVE NAMED PERSON: OPERATOR OF VEH. NO. 01		LOCATION W/B 37th to 51st 9th		
PASSENGER IN VEH. NO. 02		ACCIDENT INVOLVED: DEATH <input checked="" type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/>		
PEDESTRIAN <input type="checkbox"/> WITNESS <input type="checkbox"/>		DATE OF BIRTH: 2-20-55 (52)		

QUESTIONS FOR WITNESS, PASSENGER OR PEDESTRIAN ONLY		QUESTIONS FOR OPERATOR OF VEHICLE ONLY	
Did you see the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		How many years have you driven? 3.5 yrs	
Where were you at the time of the accident? I WAS DRIVING MY PICK-UP		How long have you driven the vehicle involved in the accident? SINCE 1988	
Do you know any of the persons involved in this accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was there any mechanical failure or defects with the vehicle you were driving? NO	
If yes, whom?		Did you consume any intoxicants or medication prior to the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
At the time of the accident, was your visibility obstructed in any way? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what, how much & where? ADVISOR SMOKE COLO 12NOON	
If yes, describe: 2 CARS ON MY LEFT SIDE SNOW/RAIN		Where were you coming from or going to? WORK (44-45 BWAY) TO HOME	
Who was with you at time of accident? I WAS ALONE AT THE TIME			

BELOW QUESTIONS TO BE ANSWERED IN ALL CASES, WHETHER SUBJECT IS OPERATOR, PASSENGER, PEDESTRIAN OR WITNESS

Briefly describe this accident? **I WAS W/B ON 37th IN THE RIGHT LANE. TWO CARS WERE TO MY LEFT. I WAS GOING TO MAKE A LEFT TURN ON 9th AVE. THE TWO CARS TO MY LEFT WENT STRAIGHT AT 9th AVE. WE HAD THE GREEN LIGHT. WHEN THE TWO CARS CLEARED I BEGAN TO MAKE MY TURN AND I DIDNT EVEN SEE THEM, I HEARD THE BANGS AND STOPPED. THE WEATHER (SNOW). THE PEDESTRIANS HAD AN UMBRELLA I THINK AND MAYBE THEY COULDN'T SEE. (THE OTHER 2 CARS WENT STRAIGHT)**

INSERT ANSWERS PERTAINING TO EACH VEHICLE UNDER APPROPRIATE COLUMN	VEHICLE NO. 1	VEHICLE NO. 2
License plate No.	N.J. CMP 888D	2500 SCOTTSDALE BLUE/SILVER
Make, type and color of vehicle	1988 Chevy PU Blue	2500 SCOTTSDALE BLUE/SILVER
Direction of travel and on what street	W/B 37th to 51st 9th AVE	
Speed of vehicle(s) involved	MAYBE 3 MPH	
Was vehicle subject to traffic control devices, signal lights, signs, pavement markings, etc.?	I HAD THE GREEN LIGHT	
Did vehicle swerve or turn to avoid contact?	I DIDNT SEE THEM	
Immediately prior to accident, was any signal given? (horn - hand - other)	NO	
What lights on vehicle were lighted?	HEAD/TAIL/L/DIRECTIONAL	
What were the points of impact?	L/FR FENDER - BUMPER	



At time of accident, were there any other vehicles on the street in the vicinity? ☒ Yes ☐ No If yes, describe: **2 CARS TO MY LEFT**

In what direction was pedestrian (if any) going? ☒ With signal light ☐ Against signal light ☐ Walking ☐ Running ☐ Standing **NOT SURE**

Accident occurred during: ☐ Daylight ☐ Dawn ☐ Dusk ☒ Darkness

Weather Condition: ☐ Clear ☐ Fog ☒ Rain ☒ Snow (Describe) **SLUSH**

ROADWAY LIGHTED: ☒ Yes ☐ No

Road Condition: ☐ Dry ☒ Wet ☐ Muddy ☒ Snowy ☐ Icy ☒ Other

Obstructions of holes in street: ☐ Yes ☒ No If yes, describe:

SIGNATURE OF WITNESS: **[Signature]** RANK: **[Signature]** SIGNATURE OF INVESTIGATING OFFICER: **[Signature]** TAX REG. NO. **887573** COMMAND **10PST**